## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000047594

## FILED Feb 05, 1999 8:00am Secretary of State

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Principal	Place of Business	\$ 6 - 191					<b>ala</b> n i <b>ara</b> n anna i	
18191 NW	68TH AVENUE	Mailing Address				VI <b>aa</b> nn <b>aa</b> nn <b>a</b> ann		
MIAMI FL	33015	18191 NW 68TH AVEN	<b>VE</b>				arent inger Sitte i	essi AfAl
	•	MIAMI FL 33015						
					DO NOT W	RITE IN THIS		
Dringia	- 181				J 3. Date incorporated or Qualif.	ed HIS	SPACE	
 	al Place of Business	2a. Mailing Address			06/21/1994	<b></b>		
Suite /	Apt. #, etc.	26	•		4. FEI Number			
Quite, F	Apr. #, etc.	Suite, Apt. #, etc.			65-0502085		Appli	
City & S	State	27					Not A	pplica
, u. c	in .	City & State			5. Certifcate of Status Desired		\$8.75 Add Fee Requi	litiona
Zip .	<del></del>	28			6. Election Campaign Financing			
- P	Country	Zip	Coun		Trust Fund Contribution	니	\$5.00 Ma	у Ве
	25	29	30	iuy	8. This corporation owes the cu	Ment year Inte	Added to F	ees
	9. Name and Address of Curre	ent Registered Agent	130					<b>.</b>
All	LSTOCK, JANET P	,	A	31 Name	10. Name and Address of New	Registered Ar	Yes 🔀	NO
18	191 NW 68TH AVENUE		[				<u>-</u>	
MI	AMI FL 33015		8.	2 Street Add	dress (P.O. Box Number is Not Accept	alt v		
	_ 550,0		8:			able)		-
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ffice or	it to the provisions of Sections 607.050	2 and 607 1500 El		} '			85 Zin Code	
ATURE	Signature, typed or printed name of registered ager OFFICERS AN		Registered Ager	/e-named corp / the corporations.	poration submits this statement for the on's board of directors. I hereby accept d when reinstating)			eu
ATURE	Signature, typed or printed name of registered ager OFFICERS AN	t and title if applicable	Registered Ager		d when reinstating)			eu
ATURE	Signature, typed or printed name of registered ager OFFICERS AN	t and title if applicable			d when reinstating)			eu
	Signature, typed or printed name of registered age:  OFFICERS AN  DP  HERSH, ROBERT	nt and title if applicable. (NOTE:	Registered Ager			DATE	RECTORS IN	- I 12
ADDRESS	Signature, typed or printed name of registered age:  OFFICERS AN  DP  HERSH, ROBERT  18191 NW 68TH AVENUE	nt and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	nt signature required	d when reinstating)	DATE	RECTORS IN	- I 12
ADDRESS	Signature, typed or printed name of registered age:  OFFICERS AN  DP  HERSH, ROBERT	it and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required	d when reinstating)	DATE	RECTORS IN	- I 12
ADDRESS	OFFICERS AN  OFFICERS AN  DP  HERSH, ROBERT  18191 NW 68TH AVENUE  MIAMI FL  VD	nt and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	nt signature required	d when reinstating)	DATE	RECTORS IN	- I 12
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Thereby ceruly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR STATE OF SIGNING OF SIGNING OFFICER ON DIRECTOR STATE OF SIGNING OFFICER ON DIRECTO